

Accord Housing Association Limited

Direct Health (North Notts)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Direct Health (North Notts) is a domiciliary care agency providing personal care to 270 people across Nottinghamshire. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People told us they felt safe with staff; however, people raised concerns about the punctuality of staff. Whilst records showed most calls were completed within 30 minutes of the expected time, people still felt staff punctuality was affecting their life and in some cases their safety.

Risks were assessed in key areas. However, whilst assessments for skin integrity were robust, staff did not keep consistent records to ensure this care was completed safely and as planned. Environmental risk assessments were in place, but these did not include reference as to how to make people safe in an emergency.

The provider had ensured that the local authority had been notified of allegations of potential abuse where needed and investigations were carried out thoroughly. The provider had not always ensured the CQC were notified of these incidents.

People's medicines were managed safely, although some people were concerned that if calls were late they could miss their medicines. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

People received care in line with their assessed needs. Staff training and supervision were largely up to date. People received the support they needed to maintain a healthy diet, although guidance was not in place to support people with appropriate foods for a diabetic diet. People had access to other health and social care agencies where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives found the staff to be helpful, kind and caring. People liked the staff and described them as kind and caring. People were treated with dignity when personal care was provided. Independence was encouraged. People felt able to contribute to decisions about their care and staff respected their wishes. People's records were stored securely to protect their privacy.

People's care records contained person-centred information including people's preferences for call times, male or female staff and the level of support they wanted with personal care. Where applicable, people were supported with their hobbies and interests and action was taken by the provider to reduce the risk of social

isolation.

Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care plans were in place, although more detailed discussions were needed with people to ensure their rights and wishes were respected.

Some people raised concerns about the quality of communication with office-based staff. Not all statutory notifications had been sent to the CQC when required.

Quality assurance processes were in place; along with feedback from people and staff, these were used to help the service to improve and develop. When people had met the registered manager, they found them to be supportive and approachable. The registered manager had a good understanding of most regulatory requirements of their role

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 19 July 2018). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations from the last inspection.

However, we have identified one new breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

More information about this is in the full report and can also be found at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below

Requires Improvement ●

Direct Health (North Notts)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and three Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 July 2019 and ended on 25 July 2019. We visited the office location on 24 and 25 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and allegations of abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 43 people who used the service and nine relatives about their family member's care. We spoke with three care staff, a care coordinator, an assessor, registered manager, quality compliance manager and care services director.

We reviewed a range of records. This included all or parts of records relating to the care of eight people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine practice for all people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- ☐ At the last inspection we had concerns that people's medicines were not always managed safely. Where people required medicines to be given 'as needed' robust protocols were not always in place to ensure their safe and consistent administration. We also found people's medicine administration records (MAR) were not always completed appropriately. Double signatures were not in place when handwritten entries were made describing people's medicines. Double signatures add another level of checks to ensure transcribing has been done correctly. Stock balances for a person's medicines did not tally. These issues meant we could not be assured of safe medicine practice across the service.
- ☐ During this inspection we found improvements had been made. The MAR we looked at had double signatures for handwritten entries. There was a clear disciplinary process in place for staff who made medicines errors, with increased frequency of spot-checks and re-training where needed.
- ☐ 'As needed' protocols were in place for most, although there was an issue with the protocol for one person's medicine. We raised this with the registered manager and they told us they would address this with the person's GP. After the inspection we received confirmation that this had been completed. Regular stock checks of people's medicines were now more robustly completed and checked through regular audits. These improvements meant people now received their medicines safely.
- ☐ Most people told us they received their medicines when they needed them. One person said, "I think I have one of the earliest calls each morning, which means that my carers are always here at the right time and I usually have my tablets at about the same time every day." Another person said, "They give me my medication from the blister pack. They usually put them straight into my hand. They wear gloves and make sure they don't touch the tablets."
- ☐ Some people did raise concerns with us that if staff were late this could affect them receiving their medicines when needed. The registered manager told us when people had 'time critical' calls such as needing medicines at a certain time, these were prioritised.
- ☐ Staff had received training on how to ensure people were supported safely with their medicines. They received regular competency assessment which assured the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.

Staffing and recruitment

- People gave mixed feedback when asked if staff arrived on time. Some people felt staff arrived at the time they expected them; others, raised concerns that staff were not arriving at the time they expected. Some people felt this was directly impacting their personal life.
- One person said, "It can be any time. They are nice when they get here." Another person said, "Sometimes they are a little late and there have been evenings when they have been very late. They don't usually let me know and occasionally I will ring to find out what is happening." A third person said, "My regular carers have got better lately, and I now know that they should be here with me within about 30 to 45 minutes of the time they are due. They always stay the full amount of time to get everything done for me."
- People told us when they received care from their regular staff they felt the quality of the care they received was good. However, when staff attended who they were not expecting or had not met before, this did on occasions hinder the quality of the care as staff took time to understand the person's needs.
- The registered manager and care quality director told us they were aware of these issues. They showed us analysis that confirmed that more than 90% of all calls were carried out within 30 minutes of the time people expected them to arrive. They told us that they had written to people to advise them of the policy of a more flexible approach to their call times. Whilst some people understood this process, it was clear from the feedback we had received that staff punctuality was the main cause of complaint for people. The registered manager told us they would work with staff and people who used the service to improve communication and to offer assurances to people to reduce people's anxieties.
- Checks were carried out to assure the registered manager of the suitability of new staff. This included checks of past employment, identity and criminal record check. This helped to reduce the risk of people being cared for by inappropriate staff.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and were reviewed to ensure they met people's current needs. Assessments had been completed in several key areas of care such as medicines and nutrition, and these were regularly reviewed to ensure they were reflective of people's changing needs.
- We did note that whilst risk assessments in relation to skin integrity were detailed, where they required staff to record what action they had taken to reduce the risk, it was not clear what staff should record and where. We noted one person was assessed as 'high risk' of developing a pressure sore had clear and specific guidance for staff to follow. However, the person's records contained limited examples of these guidelines being followed. We found similar examples for other people assessed as 'medium' or 'high' risk for skin integrity. The registered manager told us that whilst people did not have pressure sores, they acknowledged that the recording process was not robust enough. Therefore, they would implement a clearer method for recording the actions staff had taken. This would help to reduce the risk to people's health.
- A detailed assessment of each person's home environment had been completed. However, plans were not in place to guide staff on how to make people safe in an emergency if staff were present at their home. People's needs varied; some would be able to leave their home when needed, with others, due to limited mobility being less able. This could place their safety at risk. The registered manager told us they would add this to the assessment and would ensure they asked people how they would like to be made safe, ensuring a person-centred approach to safety.

Systems and processes to safeguard people from the risk of abuse

- Most people we spoke with told us they felt safe when staff provided them with personal care within their home. One person said, "I feel safe with the staff; they walk alongside of me and make sure I am sat properly in my chair." Another person said, "I feel safe and at ease with the staff. They are lovely ladies."
- Staff were aware of the signs of potential abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the registered manager.
- The provider had the systems in place to ensure the relevant authorities such as the CQC or the local

authority 'safeguarding team' were notified of allegations of abuse or neglect. Records showed the provider worked well with the 'safeguarding team' to investigate concerns to a satisfactory conclusion. These processes meant the risk of people experiencing avoidable harm was reduced.

Learning lessons when things go wrong

- ☐ Accidents and incidents were investigated thoroughly and where improvements were needed to reduce the risk of recurrence these were implemented quickly. For more serious incidents, senior management offered the registered manager support to ensure the risks to people's safety were reduced. We noted that the registered manager was quick to alert other agencies if they felt a person was at risk of harm. This included for one person, a referral to the Nottinghamshire Fire Service to assess their home for a fire risk. This resulted in the person having smoke alarms fitted, which reduced the risk of a fire related incident at the person's home.

Preventing and controlling infection

- ☐ People did not raise concerns with us with regards to staff practice and reducing the risk of the spread of infection. People told us staff wore gloves and aprons when needed. Staff were aware of the actions needed to prevent the spread of infection and this included having access to and using personal protective equipment. This meant the risks associated with the spread of infection were reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to Good. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People who had or had previously had specific health conditions when their health was assessed before using the service, had recognised best practice guidance in place to support staff. This guidance from reputable sources such as the NHS and stroke.co.uk offered staff information about how to support people with conditions such as diabetes and how to spot the early signs of a stroke. This meant people's on-going physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

Staff support: induction, training, skills and experience.

- Most people told us they were supported by staff who knew them well, had the skills to support them, and, in their view, appeared to be well-trained. One person said, "They know how to look after me. Sometimes I know they have meetings where they learn the latest things. Some of them tell me they go to be trained in things like giving medication." Another person said, "I've been really pleased, because for the last six to nine months I've had just a small number of regular carers who I see most of the time and they have got to know me and how I like things to be done. I don't have to constantly tell them every day what needs doing."
- Records showed that most training was up to date in all key areas which the provider had deemed mandatory for staff to complete to care for people effectively. Staff felt well trained and supported which enabled them to carry out their role effectively. They received supervision of their practice to ensure they provided appropriate care and support for people.
- Some staff had either completed or were in the process of completing externally recognised qualifications such as diplomas in adult social care. Approximately a fifth of all staff had completed their diplomas. The care service director told us they were in the process of encouraging more staff to understand the benefits of gaining these qualifications and the positive impact it could have on them and the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were assessed, and care plans put in place that enabled staff to support them safely with their meals. Where people had specific dietary requirements, such as a diabetic, low-sugar diet, this was referenced in their records. We did note that whilst these records referenced low sugar diets, they did not include information for staff about what that individual's low sugar preferences were. The registered manager agreed that clearer individualised guidance would reduce the risk of people receiving food and drink that could affect their health. They agreed to address this and update people's records.

- When people needed support with their meals, staff assisted them to maintain a healthy and balanced diet. Most people completed their own food shopping or had family to do this for them. Staff then cooked them meals of their own choice. One person said, "They do my meals, I've just got to have low sugar and a cold shake; they hold it for me. I'm getting them (shakes) at the right times." Another person said, "I sometimes need help with my breakfast and my carer will either make me some toast or some cereal which I eat while she is tidying up in the bathroom and the bedroom. I always choose what I'd like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to their GP and other healthcare agencies to help them lead healthier lives. On occasions staff have supported people with accessing their GP or to attend other health appointments.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- People's day to day health was recorded in daily running records. These helped senior members of staff assess whether any changes to people's health required a referral to other agencies such as falls teams and occupational therapists. We saw some staff had been involved in formal reviews of people's care with professionals. This helped to ensure a cohesive and joined up approach to enable people to receive effective and timely care.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- The application of the MCA was effective. MCA assessments were in place where needed. We did note that some relative's opinions had been asked for about their family member's care and recorded within people's records. Whilst the principles of the MCA allow this, the registered manager was aware of their responsibility to ensure that when making decisions that affected people's care, they ensured that relatives had the legal authority to do so. This will ensure that people's rights continued to be respected.
- People's care records also contained examples where people had signed to give their consent to certain elements of care provided. This included staff support with personal care and other elements of care such as staff managing people's medicines for them. This ensured people's right to make their own choices about their care was sought and acted on, protecting their rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Most people found staff to be kind and caring and treated them well. When people received their expected staff members, they felt the quality of the care they received was good. One person said, "It's a very good service. The ladies are very helpful and polite." Another person said, "They are all like my friends now. I will very often go from one day to the next without seeing anyone at all other than my carers and I would be absolutely lost without them. The day can be so long when you can't do much for yourself anymore and they just brighten up the day when they do come in."
- ☐ All staff had received 'communication' training. This enabled them to gain and develop the skills needed to communicate with people effectively, including people living with dementia. Care records contained guidance for staff on how to communicate with people. This included reference to people who had the early onset of dementia as well as people who were hard of hearing and/ or partially sighted. This meant people received care from staff that did not discriminate against them because of a disability or health related condition.
- ☐ The registered manager told us they and their staff tried to provide people with a level of service that made them feel special and respected. Several initiatives were in place to support this. People received birthday cards and on special birthdays they received flowers, or other similar types of gift. These little touches helped people to feel well treated and important to the people who cared for them.
- ☐ We noted numerous positive comments had been received from relatives whose family member's had previously used the service but had now needed to go into residential care or had passed away. Comments included, 'You do a great job and made a positive difference to [family member's] life', and "The care [family member] received from Direct Health was fantastic and [my family member] loved all the carers that came to look after them. Nothing was too much trouble for any of them, a lot went above and beyond what was required.'
- ☐ People's diverse needs were discussed with them when they first started to use this service. If people had specific needs and had made their choices known, care plans were adapted to ensure staff were informed. The registered manager told us some people had religious beliefs that staff were made aware to ensure they were cared for in line with their preferences. All staff had completed equality and diversity training. This reduced the risk of people experiencing discrimination because of their beliefs.

Supporting people to express their views and be involved in making decisions about their care

- ☐ Most people told us they had been involved with making decisions about their care. Some acknowledged they had a care plan and understood the contents. Others felt happy with the support they received from staff and felt staff responded well to their views. One person said, "It is all about me really. They will ask what

I want that day and if they give me a shower it is all done in the least embarrassing way. We have a laugh together and at the same time they protect my modesty. They are very kind to me." Another person said, "The care plan was done ok and they've done reviews. I've had a face to face meeting about one month ago. They do try to do things as I ask."

- ☐ The provider looked for ways to improve and to act on people's feedback. A series of random questionnaires were completed to gain a snapshot of people's opinions on several areas and then feedback was used to make improvements where needed. This helped to ensure people's views were requested and acted on.
- ☐ A service user guide was provided for people to inform them about the services available to them and the quality of care they should expect to receive. Contact details were available for people to contact the provider's office should people feel the need to discuss their care needs outside of normal care reviews.
- ☐ Information about how people could access an independent advocate was provided in the service user guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ Most people and relatives felt they or their family members were treated with dignity and respect by staff and their privacy was respected. A person said, "They help me get washed and dressed; help is done with dignity and they explain what they are doing. And they take the time to do it properly." A relative said, "I usually hear [my family member's] carer go up to their room and they will always knock on their door, even if it is open so that they can know they are there. I usually hear them ask [my family member] how they are and closes the door so that they can get on with getting [my family member] up and washed and dressed."
- ☐ People felt staff encouraged them to be more independent and to do more for themselves. One person said, "They do look after me well though and allow me my independence when needed and support when needed. They don't make me feel embarrassed at all." A relative said, "They make sure (my family member) is up and safe and check they are comfortable. [My family member] has a catheter and they change the leg bag once a week. They will also check their skin. They keep [my family member] as independent as possible. They will phone if there are any problems."
- ☐ People's care records contained guidance for staff to support people effectively with maintaining and developing their independence. This guidance was particularly detailed when staff were supporting people with personal care. People's views and abilities were considered, and staff understood what people could and could not do for themselves.
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences,

At our last inspection the provider had failed to ensure that people's care and treatment reflected their individual needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- ☐ At our last inspection on 11 and 12 June 2018 we had concerns that people's care records did not always reflect their current needs. They also were not reviewed often enough to take account of changes to people's health nor risks to their safety. Documentation which described people's character, preferences and interests, recorded in a document called 'All about me' were also irregularly completed and in some cases were blank. At this inspection we found improvements had been made in these areas.
- ☐ In all care plans that we looked at, we found they were detailed, regularly reviewed and reflected people's current health needs. We found examples where people's needs had changed, and this had been reflected in people's records. People had been involved with reviews of their care and their consent to changes recorded. Plans were in place to introduce 'audio consent' for people who were unable to give written consent to their care plans and changes made. People would be able to agree verbally, their consent recorded and then stored electronically, evidencing that people had agreed to their care records. This approach ensured people's care was personalised and their choices and wishes acted on.
- ☐ We noted the 'All about me' documentation in people's care records was more regularly completed. This included information about people's background and what a 'good' or 'bad' day looked like for them. Where people did not wish for this information to be completed, this was now stated in their care records. This meant staff had better access to information that was important and relevant to people and this could be used to provide a more personalised service to meet their needs and preferences.
- ☐ Some people told us they knew they had a care plan, understood what was in it and that the contents were discussed with them regularly. One person said, "It's been set up for a couple of years. It was all assessed for me with a care plan when set up. They keep to the care plan. They've done reviews and we've been involved again." Another person said, "My plan was updated I think it was [name of staff] that came. Whilst they were here, they checked everything was going OK." We did note that some people felt more regular reviews would be helpful. Many praised the staff that came to their homes, but some would welcome more visits and input from senior and/or management to discuss their care needs.
- ☐ People's care records contained personalised information about how they would like their care to be provided. This included the times they would like their calls. Some people told us they would welcome a

more structured and consistent approach to their call times, whilst others welcomed the flexible approach. Most people felt when staff were in their home they provided them with the care they needed in line with their personal choices and preferences.

- ☐ Some people told us they had been offered the opportunity to choose whether they would prefer a male or female member of staff when receiving personal care. Many of those spoken with told us they did not mind but welcomed being given the opportunity to choose. This meant people were able to make choices and have control of how their care was provided.
- ☐ The registered manager was aware of people's concerns about punctuality and the consistency of the care staff that attended their calls. They told us they would work with people to ensure wherever possible their preferred members of staff were able to attend their calls to further improve people's experiences of this service.
- ☐ Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once it was agreed that people's needs could be met at the service, detailed support plans were then written to ensure staff had the guidance they needed to support people safely and to enable them to respond effectively to their health needs.

End of life care and support

- ☐ At our last inspection on 11 and 12 June 2018 we had concerns that end of life care plans were not in place for people who were near the end of their life. We had concerns that a person's health had deteriorated rapidly and there were insufficient care planning records in place to enable staff to support the person effectively and to respond to their changing needs. At this inspection we found changes had been made. At the time of the inspection no-one was currently receiving end of life care. However, a new template was in place to ensure that people's wishes when they neared the end of life were implemented quickly.
- ☐ The registered manager acknowledged that people's preferences for care at the end of their life needed to be reflected more clearly in their care records and preferably before their health deteriorated. Therefore, they have now implemented a new process where, at each person's six-week review after they first started to use the service, a discussion would be had with each person about their end of life wishes. They also planned to have discussions with people who had been at the service longer. This will help to ensure people's rights, wishes and preferences were respected and implemented as they neared the end of their life.
- ☐ Records showed many relatives of people who had used the service and passed away had praised the care given to their family members. Staff also attended funerals of people who had passed away, which relatives found caring and respectful.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- ☐ Where people were at risk of social isolation, efforts had been to support people to meet others and to take part in activities and events organised by the provider. Where able, people were supported to attend an annual trip to the seaside, Christmas markets and coffee mornings.
- ☐ People's care records contained information about their hobbies and interests. Due to the type of service provided, not everybody had the opportunity to partake in their hobbies with staff. However, some did have the option of social calls within their care package and we saw evidence of people being supported to follow their chosen hobbies with staff. We also saw people were supported to access their community, including visiting friends, going to the shops and local cafes. This also reduced the risk of people experiencing social isolation.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- ☐ The care services director told us records were available for people in a variety of languages, sizes and styles. Where needed, records could also be translated into braille for people who were partially sighted or blind. These processes helped to improve people's ability to understand records that related to them and reduce the risk of discrimination.

Improving care quality in response to complaints or concerns

- ☐ People felt able to make a complaint and told us they would contact the provider's office if they had any concerns about their care. Most people felt the complaint would be acted on appropriately. One person said, "I've never had trouble getting through to the office and the staff are very nice and helpful." Another person said, "I think it's alright and I just ring up if things need sorting they sort it. They respond ok."
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. We also found one breach of the Care Quality Commission (Registration) Regulations 2009.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The provider is required to submit statutory notifications to the CQC. Notifications are changes, events or incidents that providers must tell us about. However, we found statutory notifications for when allegations of abuse had been made had not always been submitted when required. During this inspection we identified five incidents where an allegation of abuse had been made and people's safety was potentially at risk. The provider had ensured that these incidents were referred to the local authority's multi-agency safeguarding hub. All five incidents met the threshold for further investigation. These incidents would also require statutory notifications to be submitted to the CQC. The registered manager told us it was an oversight that the statutory notifications had not been submitted.

The failure to ensure that statutory notifications were sent to the CQC when required is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are currently in discussions with the provider about this breach and have requested a formal response. Once we have received this response, we shall decide what action to take.

- ☐ The registered manager understood how to comply with other regulatory requirements of their role. It is a legal requirement that a provider's latest CQC inspection rating is displayed at their office and on their website where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed appropriately.
- ☐ People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ People spoke positively about the staff who supported them, but feedback was mixed when people were asked about their interactions with office-based staff. Some felt it was not always possible to speak with

office-based staff, and, when they did, they were not always satisfied with the response they received.

- People told us their main concern was staff punctuality, but they were not always informed if staff were going to be late, or, if a different member of staff was due to attend their home than planned. Some felt communication needed to improve to enable them to get the quality of service they wanted. Others felt office-based staff did not always do what they had promised people, with some saying when they raised issues they did not always get a response in good time.
- Many of the people we spoke with told us they would recommend this service to others in terms of the care they received; however, the communication and punctuality issues could prevent them from doing so.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. We saw examples of this in the provider's complaints log when formal complaints had been received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some people could recall receiving a questionnaire and/or taking part in telephone interviews to gain their views of the quality of the care they received. Not all knew who the registered manager was, but most felt able to raise concerns with the staff who attended their home.
 - The results of the most recent survey completed in 2018 showed 74% of people rated the quality of their care as either 'Good' or 'Excellent'. Whilst these results were promising, that meant that one in four people did not believe they received a minimum of a 'Good' service.
- There were positive results in other areas such as, 98% of people stating they were treated with dignity and respect by staff, 88% felt their independence was encouraged and 87% felt staff understood what was important to them. The registered manager told us the results of these surveys and other regular telephone monitoring calls were used to aid further improvement and development.
- People were offered the opportunity of a 'home surgery'. These were in place for people who did not wish to speak on the phone and/or were unable to complete a questionnaire. This ensured all people's views were considered when evaluating the quality of the service provided.
 - Staff were provided with regular team meetings that enabled them to raise any issues they may have and to discuss any changes to company policy and/or directives. Records showed regular topics for discussion included, pressure care and the completion of medicine administration records. A recent staff survey showed 70% of staff enjoyed working for the service.
 - People were provided a bi-annual newsletter. This gave people the opportunity to learn what was happening within the service and whether there were any activities that would be of interest to them.
- Continuous learning and improving care.
- Quality assurance processes were in place. These assessed the on-going quality of the care provided in key areas such as; call monitoring, records reviews and staff training and supervision. The findings from these audits fed into on-going action plans which were assessed and reviewed with the registered manager and senior management. Agreed actions were in place to hold the registered manager and other staff to account.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.
- The provider had signed up to a '4x4 responder' charity. This charity was in place to provide access to 4x4 vehicles which could be used in extreme weather such as floods or heavy snowfall. This enabled the provider to prioritise calls in poor weather, with the most at-risk having access to calls where needed.